Hong Kong Society for Cell Biology Registration Form

**HKSCB Membership Registration**

**General Information:**

Name (English): Name (Chinese):

Degree(s): Male/Female:

Position Title:

**Mailing Information:**

Institution:

Street address:

**Contact Information:**

Office phone: Cell/mobile:

E-mail: Fax:

Professional/Personal Home Page:

**Research Fields:**

Signature

Date: (day/month/year)

Send completed form to Bo Gao, L3-79, 3/F, Lab Block, 21 Sassoon Road, Pokfulam, Hong Kong or send a scan as an e-mail attachment to: gaobo@hku.hk.